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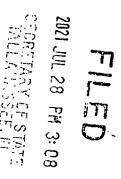
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COVER LETTER

TO:	Registration So Division of Co		•		
		VTEL, LLC	f		
SUBJI	CT:	Name of Limi	ted Liability Company	<u> </u>	
The on	aloond Activing of	Amendment and fee(s) are sub-	nitted for filing		
		ondence concerning this matter t			
		IRELA CASTILLO			
			Name of Person		
				702	
		588 MOKENA DR.	Firm/Company	<u>`</u> —;"}	; ·
			Address	——————————————————————————————————————	
		MIAMI SPRINGS, FL 33	166	PM 3: 08	ĺ
		irela.castillo421@gmail.com		(**)	
For fur	ther information c	E-mail address: (to concerning this matter, please ca	o be used for future annual report notif II;	ication)	
IRELA	CASTILLO		305 761-6413		
	Name o	f Person		Telephone Number	
Enclos	ed is a check for t	he following amount:			
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration 9	Section	Street Address: Registration Sec		
	Division of C P.O. Box 632		Division of Corp The Centre of T		
	Tallahassee.			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVEST INTEL, LLC		
(<u>Name of the Limited Liability Comp</u> (À Florida Limited	nany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number 120000213606	y were filed on 07/21/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	. •
INVEST SMART, LLC		2021 SE
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation L.L.C.
Enter new principal offices address, if applicable:		27 29
(Principal office address MUST BE A STREET ADDRESS)		35 m
		Ha in O
		1916 1916
Enter new mailing address, if applicable:		m u
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	1. 1. 1	
	Enter Florida street address	
	, Florid	Zin Code
	t are	tent wito

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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te: If the date inserted in this block does not unnent's effective date on the Department of	t meet the applicab! f State's records.	le statutory filing re	equirements, this	date will i	not be li	sted as
cord specifies a delayed effective date, but n s filed.	ot an effective time	2. at 12:01 a.m. on	he earlier of: (b)	The 90th	h day af	ter the
ed JUNE 28FH	2021					
1.00 (10)						

Filing Fee: \$25.00